

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 or Fax (703) 746-4000

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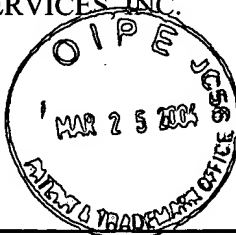
CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

30869

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12/24/2003

LUMEN INTELLECTUAL PROPERTY SERVICES, INC.
 2345 YALE STREET, 2ND FLOOR
 PALO ALTO, CA 94306



Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Elena Torres	(Depositor's name)
Elena Torres	(Signature)
3/22/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/896,900	06/28/2001	Butrus Thomas Khuri-Yakub	S00-038	1532

TITLE OF INVENTION: MICRO-MACHINED COUPLED CAPACITOR DEVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	03/24/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, MAI HUONG C	2818	257-415000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 LUMEN INTELLECTUAL
 PROPERTY SERVICES, INC.
 2
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

THE BOARD OF TRUSTEES OF THE
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STANFORD, CA

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 3

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☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.

☐ The Director is hereby authorized to charge the required fee(s), or credit any overpayment
 Deposit Account Number _____ (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

3-22-04

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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03/26/2004 HBERHE1 00000033 09896900

01 FC:2501
 02 FC:1504
 03 FC:8001

665.00 OP
 300.00 OP
 9.00 OP



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/896,900	
	Filing Date	06/28/2001	
	First Named Inventor	Butrus Thomas Khuri-Yakub	
	Art Unit	2818	
	Examiner Name	Mai Huong C. Tran	
Total Number of Pages in This Submission	4	Attorney Docket Number	S00-038/US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Issue Fee Transmittal
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Ron Jacobs, Ph.D. Reg. No. 50,142
Signature	
Date	3-22-04

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Elena Torres		
Signature		Date	3/22/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



FEE TRANSMITTAL

Application Number:	09/896,900
Filing Date:	06/28/2001
First Named Inventor:	Butrus Thomas Khuri-Yakub
Title of Invention:	Micro-Machined Coupled Capacitor Devices
Group Art Unit:	2818
Examiner:	Mai Huong C. Tran
Attorney Docket No.:	S00-038/US

Fee Calculation:

for ☐ Large Entity / ☒ Small Entity.

Basic Billing Fee:

<input type="checkbox"/> Utility Patent Application:	\$740 / \$370	\$
<input type="checkbox"/> Provisional Patent Application:	\$160 / \$80	\$

Claims:

<input type="checkbox"/> Number of Total Claims Over 20: <input type="checkbox"/>	x \$18 / \$9 =	\$
<input type="checkbox"/> No. of Independent Claims Over 3: <input type="checkbox"/>	x \$84 / \$42 =	\$

Other Fees:


<input type="checkbox"/> Extension of time, 1 month	\$110 / \$55	\$
<input type="checkbox"/> Extension of time, 2 months	\$400 / \$200	\$
<input type="checkbox"/> Extension of time, 3 months	\$920 / \$460	\$
<input type="checkbox"/> Extension of time, 4 months	\$1440 / \$720	\$
<input type="checkbox"/> Missing Parts Surcharge (Regular Application)	\$130 / \$65	\$
<input type="checkbox"/> Missing Parts Surcharge (Provisional Application)	\$50 / \$25	\$
<input checked="" type="checkbox"/> Publication Fee	\$300	\$300
<input checked="" type="checkbox"/> Issue Fee	\$1330 / \$665	\$665
<input checked="" type="checkbox"/> Printed Patent; Number of Copies: [3]	x \$3 =	\$9

TOTAL PAYMENT: \$974

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- ☒ Payment Enclosed
☐ Credit Card Form

Signature of Applicant, Attorney, or Agent


Ron Jacobs, Ph.D., Reg. No. 50,142

3-22-04
Date